The Homestead presentation to Transportations Infrastructure and Capital Improvements Committee February, 2014 Steven Muller, Executive Director

I am here today to offer my thanks for your past help, give you an update on our progress, and ask that you continue your partnership with the Homestead. A year ago you made the decision to invest in children with autism. Your committee provided \$154,000 to build technology and \$800,000 to develop two new autism clinics in the state of Iowa.

First, a bit of background on the Homestead:

The Homestead was founded in 1994 to provide innovative solutions for children and adults with autism. Today we provide a wide range of services including:

adult community based residential services
a working farm which is also home to 24 adults living in six homes
a residential program for children severely challenged by autism
in home supports for children
training and consultation for families and allied professionals
a network of autism centers for intensive ABA instruction

For those of you that may not be aware, The number of children diagnosed with autism has dramatically increased. The most recent figures from the CDC identify that 1:88 children are struggling with autism. This has dramatic implications for our children, their families, our schools, and soon our adult system Medicaid system.

The good news is that we can substantially reduce the need for expensive and life long services while also improving the quality of life for families.

Nationally recognized research supports that early intervention using a technique called Applied Behavior Analysis (ABA) can make a substantial improvement in these children's skills. Using ABA we can help children "learn how to learn". Children who struggle with Autism have the potential to learn and communicate, the challenge has always been to find methods that improve communication and learning opportunities. That is the power of ABA.

With highly specialized staff we are seeing the difference. Our team members include 14 board certified behavior analysts. They closely supervise highly educated, trained, and experienced ABA specialists who work with each child.

It is important to take a moment and clarify. We are building this network to work specifically with children with some of the most significant impairments. These children, without proper interventions, will likely be consigned to very costly, institutional or out of state placement.

And to make this program effective we work with children 12.5 hours a week and require a family member to participate in parent training. Research demonstrates that to be effective, this approach must be pursued for 25 hours a week. Because each child is different, some children receive services for a very short period of time and some for more than 2 years. And as we will see in a few minutes the outcomes we are obtaining demonstrate this model is working.

# Completed

2011 Opened pilot autism center in Altoona (east Des Moines community)

Opened autism center in Clive (west Des Moines community)
Opened autism center in Hiawatha (greater Cedar Rapids community)

#### Planned

2014 Open autism center in greater Davenport/Bettendorf communities Open autism center in greater Waterloo/Cedar Falls communities

Open autism center in a community to be identified Expand Altoona autism center for greater capacity

#### Funding:

During the past four years The Homestead partnered with the state to develop systems to finance these services. We use a combination of Medicaid, state, private insurance, education and private pay monies to support these interventions. These funding streams are (and should be) dependent on us showing improvement in the child.

#### Outcomes:

The ATEC measures the level of undesirable behaviors. Higher scores equate to increased challenging behaviors. This is the tool that our primary funding administrator has required us to use to monitor a child's ability. We assess the child on the ATEC at intake and in Six month intervals.

The average score on intake is in the 75th percentile, demonstrating on intake these are the more severely challenged children in the system.

The average score at six months is the 45th percentile.

The average score for children in services for two years is the 35th percentile.

We transitioned children more severely challenged than most kids with autism to the least severely challenged.

We believe the assessment tool named Verbal Behavior Milestones and Assessment Placement Program (VB-MAPP) provides a clearer picture on a child's progress. This tool does not translate into a singular comprehensive score that makes it easy to make longitudinal comparisons over groups of children. However, when we examine these outcomes we find similar progress. Children improved, on average, 33% from their intake score in less than 1 year, 57% from their intake scores in 1 year, and 46% from their intake score in 2 years.

Those children that received two years of service were significantly impaired. While the data demonstrates progress over the two year span there were only four participants. It may appear these four participants lost skills as their percentage increase was less than those at one year, however it was more a reflection of the severity of these children that were in the program for two years. All children that were in the program for more than six months demonstrated significant progress.

# Participation:

As of January we currently serve:

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Altoona	currently serve 12	cumulative served 25	capacity 12
Clive	currently serve 24	cumulative served 25	capacity 30
Hiawatha	currently serve 15	cumulative served 16	capacity 30

Total served January, 2014: 51

Number of children served in intensive ABA program since 2011: 66

In addition to intensive ABA direct services outlined above we have also offered:

- \* social skills clubs and camps
- \* Respite
- \* Family training to help existing children
- \* Family training for families outside our service delivery network (starts February 2014)
- \* Training allied professionals from schools and other agencies.

We hope to continue to grow autism specific services as identified as needed by these local communities.

# Progress Update:

Davenport: We met with local providers, schools, potential families and advocacy groups. We obtained authorization from the Medicaid administrator to begin services in the community. We are finalizing a purchase agreement on a building. We hired a BCBA to serve as Director of this location and are in talks with a second BCBA and a third soon to be BCBA for this community.

Waterloo: we began last year, to network with existing providers, schools, and other referral sources to connect with families of young children so that we could begin the process of interviewing parents and children for admission to the program. We are working to identify suitable space and started interviewing and recruiting potential staff.

Without your assistance last year we would not be able to have accomplished this level of expansion. In our 20 year history, last year was by far our greatest fundraising year. We more than doubled our best fundraising year. But with all that money we would not be able to expand to two new communities in Iowa. Your support made that happen.

### FY 15 Request

Our goal is to deliver these services where they are most needed. We are asking for your support in FY 15. We request the same level of support \$825,000 to acquire space to construct the space and \$155,000 to build the required technology into these autism centers.

There is a need to expand our initial operation in Altoona. It was originally designed for twelve children to serve as a pilot. The response has been overwhelming and now there is a significant waiting list, and we need to expand our capabilities. One of the core philosophies of the Homestead is to help others help themselves. We understand the need for ABA services and are committed to making sure they are available regardless of who the provider might be. We are very proud that we have become a teaching resource where other providers can come to learn how to replicate these services.

In addition, in 2015 we plan to develop an additional center. Though we have not yet publicly identified the community, we are meeting with community leaders and evaluating need studies for a community in western lowa and a community in central lowa. When we locate a center we consider several factors, community need, level of community support, other providers and services already available in the area. As we launch our programs in 2014 we will monitor progress of other attempts to support autism in the larger communities in lowa. We are committed to place new centers where they are needed.

Thank you again for your support, we could not have advanced the level of services available to children and families who struggle with Autism without your help. We look forward to your continued partnership in building this network.

At this time I would be happy to answer any questions.